

FLESHNER & KIM, LLP
SUITE 1100
2325 DULLES CORNER BLVD
HERNDON, VIRGINIA 20171
TELEPHONE: (703) 766-3701
FACSIMILE (703) 766-3644

RECEIVED
CENTRAL FAX CENTER

NOV 30 2005

DATE: November 30, 2005

TO: Examiner Tony Chambers
Group Art Unit: 3641

COMPANY: U.S. PATENT AND TRADEMARK OFFICE

FACSIMILE NUMBER: 571-273-8300

NUMBER OF PAGES (Including Cover): 20

FROM:

NAME: Seth S. Kim

RE:

YOUR REFERENCE: 10/719,013

OUR REFERENCE: MDR-0004

ORIGINAL WILL BE SENT TO YOU:

No ☒

Yes ☐ VIA MAIL

☐ VIA COURIER

FOR CONFIRMATION OR ASSISTANCE CALL (703) 776-3701 AND ASK FOR:

KAREN

IMPORTANT

The information contained in this facsimile is intended only for the use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone, and return the original message to us at the address above via the U.S. Postal Service. Thank you.

NOV 30 2005

Docket No.: MDR-0004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

EXPEDITED PROCEDURE
UNDER 37 C.F.R. § 1.116

Francesca Casas SALVA

Group Art Unit 3641

Serial No.: 10/719,013

Filed: November 24, 2003

Examiner: Troy Chambers

Confirmation No.: 9165

Customer No.: 34610

For COMPRESSED GAS OPERATED PISTOL

U.S. Patent and Trademark Office
Customer Window, Mail Stop AF
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Dear Sir:

Transmitted herewith is an Amendment and/or Reply in the above identified application.

- ☐ No additional fee is required.
- ☒ Also attached: PETITION FOR EXTENSION OF TIME

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	28	31		x \$50.00 =	
Independent Claims	3	3		x \$200.00 =	
If multiple claims newly presented, add \$360.00					
Fee for extension of time - THREE MONTHS					\$510.00
TOTAL FEE DUE					\$510.00

- ☒ Please charge my Deposit Account No. 16-0607 in the amount of \$510.00. An additional copy of this transmittal sheet is submitted herewith.
- ☐ A check in the amount of \$ _____ (Check # _____) is attached.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment, to Deposit Account No. 16-0607, including any filing fees under 37 C.F.R. 1.16 for presentation of extra claims and any patent application processing fees under 37 C.F.R. 1.17.

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office (Fax No. 571-253-3000 on 11/30/05).

Name Karen Vickels

Signature [Signature]

Respectfully submitted,
FLESHNER & KIM, LLP

[Signature]

John C. Eisenhart
Registration No. 38,128
Seth S. Kim
Registration No. 54,577

P.O. Box 221200
Chantilly, VA 20153-1200
(703) 766-3701 JCE/SSK:kav
Date: NOVEMBER 30, 2005
\\fs4\Documents\2173\2173-004\80904.doc